
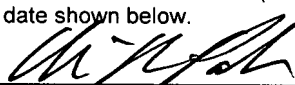
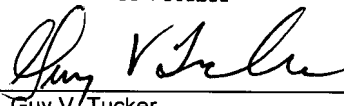


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Alston et al Application No: 10/714,511 Confirmation No: 7484 Filed: November 14, 2003 Title: AEROSOLIZATION APPARATUS WITH NON-CIRCULAR AEROSOLIZATION CHAMBER	<div style="text-align: center;">  </div> Group No: 3771 Examiner: Teena Kay Mitchell Attorney Docket No: NK.0175.00 Wednesday, October 24, 2007 San Francisco, CA 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Papers Enclosed <input checked="" type="checkbox"/> Amendment and Marked Up Copy of Claims/Specification <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$450.00</td> <td style="text-align: center;">\$225.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,020.00</td> <td style="text-align: center;">\$510.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 120.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of time is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$450.00	\$225.00	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00	Total \$ 120.00		
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<input type="checkbox"/> Three Months	\$1,020.00	\$510.00																	
Total \$ 120.00																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	25	28	0	\$50.00	\$25.00	\$0.00
Independent Claims	4	4	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$120.00</td> </tr> <tr> <td>Fee for RCE</td> <td style="text-align: right;">\$810.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$930.00</td> </tr> </table> <input checked="" type="checkbox"/> Attached is check no. <u>2763</u> in the sum of \$930.00. <input type="checkbox"/> Please charge Deposit Account No. _____ in the sum of \$ _____. CERTIFICATE OF TRANSMISSION (37 C.F.R. '1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below. By:  Date: <u>October 24, 2007</u> Alison R. Parker	Extension Fees	\$120.00	Fee for RCE	\$810.00	Total	\$930.00	Fee Deficiency <input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. _____. and/or <input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. _____. Please direct all telephone calls to Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, <div style="text-align: center;">  01 FC:1251 120.00 OP Guy V. Tucker Registration No. 45,302 </div> Date: <u>October 24, 2007</u>
Extension Fees	\$120.00						
Fee for RCE	\$810.00						
Total	\$930.00						